

SERIAL NO. 10056469 APPLICANT(S)

FILING DATE

| CLAIMS |               |                       |                       |                                       |                       |                       |  |
|--------|---------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|--|
|        | *             |                       | *                     |                                       | *                     |                       |  |
|        | IND.          | DEP.                  | IND.                  | DEP.                                  | IND.                  | OEP.                  |  |
| 51     |               | <u> </u>              |                       |                                       |                       |                       |  |
| 52     |               |                       |                       |                                       |                       |                       |  |
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| 54     |               |                       |                       |                                       |                       |                       |  |
| 55     |               |                       |                       |                                       |                       |                       |  |
| 56     |               |                       |                       |                                       |                       |                       |  |
| 57     |               |                       |                       |                                       | 1                     |                       |  |
| 58     |               |                       |                       |                                       |                       |                       |  |
| 59     |               |                       |                       |                                       |                       |                       |  |
| 60     |               | L                     |                       |                                       |                       |                       |  |
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| 68     |               |                       |                       |                                       |                       | l                     |  |
| 69     |               |                       |                       |                                       |                       |                       |  |
| 70     |               |                       | L                     |                                       |                       |                       |  |
| 71     |               | l                     |                       |                                       |                       |                       |  |
| 72     |               |                       |                       |                                       |                       |                       |  |
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| 86     |               |                       |                       |                                       | I                     |                       |  |
| 87     |               |                       |                       |                                       |                       |                       |  |
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| 89     |               |                       |                       |                                       |                       |                       |  |
| 90     |               |                       |                       |                                       |                       |                       |  |
| 91     |               |                       |                       |                                       |                       |                       |  |
| 92     |               |                       |                       |                                       |                       |                       |  |
| 93     |               |                       |                       |                                       |                       |                       |  |
| 94     |               |                       |                       |                                       |                       |                       |  |
| 95     |               |                       |                       |                                       |                       |                       |  |
| 96     |               |                       |                       |                                       |                       |                       |  |
| 97     |               |                       |                       |                                       |                       |                       |  |
| 98     |               |                       |                       |                                       |                       |                       |  |
| 99     |               |                       |                       |                                       |                       |                       |  |
| 100    |               |                       |                       |                                       |                       |                       |  |
| TOTAL  |               |                       |                       |                                       | 1                     |                       |  |
| TOTAL  | <del> </del>  |                       |                       | <b>—</b>                              | <u> </u>              |                       |  |
| DEP.   |               |                       | <b>↓</b>              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                       | 1                     |  |
| CLAIMS | L             |                       |                       |                                       | 1                     | 12.                   |  |
|        | TOTAL<br>IND. | TOTAL IND. TOTAL DEP. | TOTAL IND. TOTAL DEP. | TOTAL IND. TOTAL DEP.                 | TOTAL IND. TOTAL DEP. | TOTAL IND. TOTAL DEP. |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office

\*U S. GPO: 1999\_143-F\*\*\*\*\*9152